

**DEPARTMENT OF ENVIRONMENTAL SERVICES****Monroe County**

444 East Henrietta Road, Rochester, New York 14620-4643

585-760-7600 (Phone) 585-324-1212 (Fax)

Don't
trash our
future.
Recycle.**FORM #7****HOUSEHOLD HAZARDOUS WASTE FACILITY****Conditionally Exempt Small Quantity Generator Certification****A. Generator Certification:**

I hereby certify that I am a generator of hazardous waste within New York State and because of the small volume of hazardous waste generated and/or stored, I qualify for Conditionally Exempt Small Quantity Generator (CESQG) status per 6 NYCRR Part 372.

I understand that in order to qualify for Conditionally Exempt Small Quantity Generator Status I must meet **both** of the following conditions:

1. Generate less than 1 kg/month (2.2 pounds) of acute hazardous waste (as defined by 6 NYCRR Part 371), and never store more than this amount on site at any time; and
2. Generate less than 100 kg/month (220 pounds) of listed and/or characteristic hazardous (as defined by 6 NYCRR Part 371), and never store more than 1,000 kg/month (2,200 pounds).

I further understand that if, in the future, I exceed the quantity limitations described above, I will become subject to additional regulation as a hazardous waste generator and will no longer be eligible to participate in this type of collection program.

By signing below, I certify that I have the authority to make these statements on behalf of my firm or business.

Generator Organization Name		Business Type	
/		/	
Address	City	State	Zip
/		/	
EPA I.D. #	Date		
/		/	
Contact Person (type or print)	Phone #	Fax #	
/		/	
Authorized Signature	Name (type or print)	Title	

B. Description of Waste(s) to be Disposed:

Waste Type	Quantity	Size & Type of Container	Generation Frequency	Hazardous Waste Code

Total Generated per Month:

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(over)

C. Process(es) Generating the Waste(s):

D. Additional Waste(s) Stored on Site:

Waste Type	Quantity Stored
Total Quantity Stored:	

Please do not write below this line.

Check Payable To: Monroe County Director of Finance

E. Fees and Appointment:

\$ _____ / _____ / _____
 Monroe County Disposal Fee Appointment Date Appointment Time

Please call 760-7553 - Tom Sinclair or Fax @ 324-1212

F. Acknowledgement of Delivery/Receipt:

Waste Delivered by (signature) _____ / _____	Name (type or print) _____ / _____	Title _____
Waste Accepted by (signature) _____ / _____	Name (type or print) _____ / _____	Date Received _____

G. Payment Information:

\$ _____ / _____ Method of Payment: ☐ Check# _____
☐ Money
☐ Order# _____
☐ Other: _____

Amount Paid _____ Date Paid _____

Receipt # _____

To A/R

Deposit Recorded